

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)

SERIAL NO. 10-631,218 FILING  
 APPLICANT(S) \_\_\_\_\_

CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEF.	
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.
1							51				
2							52				
3							53				
4							54				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEF.							TOTAL DEF.				
TOTAL CLAIMS							TOTAL CLAIMS				